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February 18, 2005

TO: Examiner Lipman (TC2100)

GROUP: 2134

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: JMP-0002

SERIAL NO.: 09/516,564

FILED: June 6, 2000

NUMBER OF PAGE: 10

MESSAGE: Attached please find Amendment Transmittal Letter, Reply under 37 CFR 1.111 mailed November 18, 2004 and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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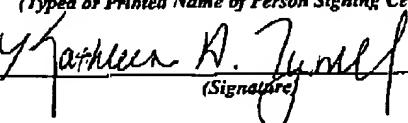
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)				Docket No. JMP-0002
Applicant(s): J. Michael Pitale				
Application No. 09/516,564	Filing Date June 6, 2000	Examiner Lipman, Jacob	Group Art/Unit 2134	
Invention: ATM/Alert		RECEIVED CENTRAL FAX CENTER FEB 18 2005		

I hereby certify that this Reply under 37 CFR 1.111
(*Identify type of correspondence*)
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on February 18, 2005
(*Date*)

Kathleen A. Tyrrell
(*Typed or Printed Name of Person Signing Certificate*)

(*Signature*)

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AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. JMP-0002	
Applicant(s): J. Michael Pitale						
Application No. 09/516,564	Filing Date June 6, 2000	Examiner Lipman, Jacob	Customer No. 26259	Group Art Unit 2134	Confirmation No. 1651	
Invention: ATM/Alert						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	2 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Kathleen A. Tyrrell, Reg. No. 38,350					Dated: February 18, 2005	
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date)						
<i>Signature of Person Mailing Correspondence</i>						
<i>Typed or Printed Name of Person Mailing Correspondence</i>						
cc:						

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: JMP-0002
Inventors: J. Michael Pitale
Serial No.: 09/516,564
Filing Date: June 6, 2000
Examiner: Lipman, Jacob
Group Art Unit: 2134
Title: ATM/ALERT

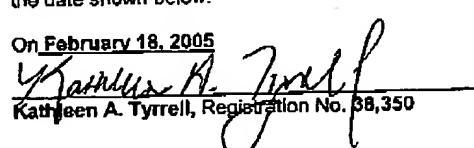
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Kathleen A. Tyrrell, Registration No. 38,350

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Reply under 37 C.F.R. 1.111

This is a reply to the Office Action mailed November 18, 2004 setting a three (3) month statutory period for response. Please enter the following amendments and remarks into the record.

Attorney Docket No.: JMP-0002
Inventors: J. Michael Pitale
Serial No.: 09/516,564
Filing Date: June 6, 2000
Page 2

**Amendments to the claims are reflected in the listing
of claims which begins on page 3 of this paper.**

Remarks begin on page 5.